

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number: 10291

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
|      |                     |      |                     |

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number: 10291

OR

☐ Firm or Individual Name James F. Kamp  
RADER, FISHMAN & GRAUER PLLC

Address 39533 Woodward Avenue  
Suite 140

City Bloomfield Hills

State

MI

Zip

48304

Country US

Telephone

(248) 594-0600

Email

Assignee Name and Address:

Henry Ford Health System  
1 Ford Place  
Detroit, Michigan 48202

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

### SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

|           |                           |           |                       |
|-----------|---------------------------|-----------|-----------------------|
| Signature | <u>Margot C. LaPointe</u> | Date      | <u>4-9-2010</u>       |
| Name      | <u>Margot C. LaPointe</u> | Telephone | <u>(313) 916-3076</u> |
| Title     | <u>Authorized Signer</u>  |           |                       |

### POA to Prosecute Applications Before the USPTO

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: April 12, 2010

Electronic Signature for James F. Kamp: /James F. Kamp/